DECLARATION, POWER OF ATTORNEY, AND PETITION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE AND SYSTEM FOR SEPARATION AND MATRIX RETENTION AND ADAPTATION DURING DENTAL RESTORATION AND METHOD FOR PREPARING TOOTH USING SYSTEM

TOOTH USING SYSTEM					
the specification of which (check one below):					
((X)	is attached hereto.			
(()	was filed on as Application Serial No or Express Mail No, and was amended on (if applicable).			
(()	was filed on as PCT International Application No , and as amended under PCT Article 19 on (if any).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.					
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:					

Prior Foreign Application(s	Priority Claimed?					
(Number)	(Country)	Day/Month/Year Filed	() Yes () No			
(Number)	(Country)	Day/Month/Year Filed	() Yes () No			
(Number)	(Country)	Day/Month/Year Filed	() Yes () No			
I hereby claim the benefit under Title 35, United States Code, §120 and/or §119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
(Serial No.)	(Filing Date)	(Status: Patented, Pend	ing, or Abandoned)			
(Serial No.)	(Filing Date)	(Status: Patented, Pend	ing, or Abandoned)			
(Serial No.)	(Filing Date)	(Status: Patented, Pend	ing, or Abandoned)			
I hereby appoint the attorneys under customer number 26,875, my attorneys, with full power of substitute and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence and telephone calls to						

Kristi L. Davidson

Address of customer number 26,875 Telephone (513) 241-2324

Wherefore I pray that L tters Patent be granted to me for the invention or discovery d scribed and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Inventor Beat Kilcher	· · ·
Inventor's Signature Rot Wille	Date 26_11, 2003
Residence City/State Switzerland	Citizenship <u>Swiss</u>
Post Office Address Prelongio, 6935 Bosco Luganese, SWITZERLA	.ND
Full name of Inventor Marco Da Rold	<u> </u>
Inventor's Signature Morco Colod	Date 26, 11, 2003
Residence City/State Switzerland	Cltlzenship_Swiss
Post Office Address Lelgio, 6951 Odogno, SWITZERLAND	
*	
Full name of Inventor Valérie Boscherini-Da Silva	
Inventor's Signature Vollege Boshdigg - Da Silva	Date 26.11.2003
Residence City/State Switzerland	_Citizenship_Belgian
Post Office Address Via Sotta Sala 4, 6963 Pregassona, SWITZERL	AND